|   |  |   |                                       |                                       |                   |                  |            |                    | Application or Docket Number |          |                            |                        |  |
|---|--|---|---------------------------------------|---------------------------------------|-------------------|------------------|------------|--------------------|------------------------------|----------|----------------------------|------------------------|--|
| PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2003   |  |   |                                       |                                       |                   |                  |            | 10-005             |                              |          |                            |                        |  |
| CLAIMS AS FILED - PART I (Column 1) (Column 2)  |  |   |                                       |                                       |                   |                  |            | SMALL ENTITY TYPE  |                              | OR       | OTHER THAN<br>SMALL ENTITY |                        |  |
| TOTAL CLAIMS  |  |   | 19                                    |                                       | z                 |                  | 2          | RATE               | FEE                          | <b>-</b> | RATE                       | FEE                    |  |
| FOR   |  |   | NUMBER FILED                          |                                       | NUMBER EXTRA      |                  |            | BASIC F            | EE 385.0                     | OB       | BASIC FEE                  | 770.00                 |  |
| TOTAL CHARGEABLE CLAIMS   |  |   |                                       |                                       | * 9               |                  |            | X\$ 9=             |                              | OR       | X\$18=                     |                        |  |
| INDEPENDENT CLAIMS  |  |   | 3 minus 3 =                           |                                       | * 0               |                  |            | X43=               |                              | OR       | X86=                       |                        |  |
| Μŧ  | JLTIPLE DEPE                                   | NDENT CLAIM F                             | PRESENT                               |                                       |                   |                  |            | .445               |                              | 7        |                            |                        |  |
| * 11  | the difference                                 | e in column 1 is                          | less than zero, enter "0" in column 2 |                                       |                   | column 2         | ' <u>[</u> | +145=              |                              | OR       | L                          |                        |  |
| CLAIMS AS AMENDED - PART II   |  |   |                                       |                                       |                   |                  | -          | TOTAL              | · [38                        | OR       | TOTAL                      | <u> </u>               |  |
|   | (Column 1) (Column 2) (Column                  |   |                                       |                                       |                   |                  |            | SMALI              | L ENTITY                     | OR       | OTHER<br>SMALL             |                        |  |
| AMENDMENT A   | ·  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                                       | HIGHE<br>NUME<br>PREVIO<br>PAID F     | ST<br>SER<br>USLY | PRESENT<br>EXTRA |            | RATE               | ADDI-<br>TIONAL<br>FEE       |          | RATE                       | ADDI-<br>TIONAL<br>FEE |  |
|   | Total  | *   | Minus                                 | **                                    |                   | =                |            | X\$ 9=             |                              | OR       | X\$18=                     |                        |  |
|   | Independent                                    | *   | Minus                                 | ***                                   |                   | =                |            | X43=               | <b>†</b>                     | OR       | X86=                       |                        |  |
|   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |                                       |                                       |                   |                  |            |                    | <del> </del>                 | 1 1      |                            |                        |  |
|   |  |   |                                       |                                       |                   |                  | L          | +145=              | <u> </u>                     | OR       | +290=<br>TOTAL             |                        |  |
|   | (Column 1) (Column 2) (Column 3)               |   |                                       |                                       |                   |                  |            | DDIT. FE           |                              | OR       | ADDIT. FEE                 |                        |  |
| 5 1   |  | CLAIMS                                    |                                       | HIGHE                                 |                   | (Column 3)       |            |                    | ADDI                         | 1        |                            |                        |  |
|   |  | REMAINING  · AFTER  AMENDMENT             |                                       | NUMB<br>PREVIOU<br>PAID F             | JSLY              | PRESENT<br>EXTRA |            | RATE               | ADDI-<br>TIONAL<br>FEE       |          | RATE                       | ADDI-<br>TIONAL<br>FEE |  |
|   | Total  | *   | Minus                                 | **                                    |                   | =                | -[         | X\$ 9=             |                              | OR       | X\$18=                     |                        |  |
|   | Independent                                    | *.  | Minus                                 | ***                                   |                   | =                |            | X43=               | 1                            | 1 1      | X86=                       |                        |  |
|   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |                                       |                                       |                   |                  | ┢          |                    | <del> </del>                 | OR       |                            |                        |  |
|   |  |   | ·                                     |                                       |                   |                  | L          | +145=              |                              | OR       | +290=                      |                        |  |
|   |  |   |                                       |                                       |                   |                  | A          | TOTAL<br>DDIT. FEE |                              | OR ,     | TOTAL<br>ADDIT. FEE        |                        |  |
|   |  | (Column 1) (Column 2) (Column 3)          |                                       |                                       |                   |                  |            |                    |                              |          |                            |                        |  |
| MEN   |  | REMAINING<br>AFTER<br>AMENDMENT           |                                       | HIGHES<br>NUMBE<br>PREVIOU<br>PAID FO | R                 | PRESENT<br>EXTRA | F          | RATE               | ADDI-<br>TIONAL<br>FEE       |          | RATE                       | ADDI-<br>TIONAL<br>FEE |  |
|   | Total  | *   | Minus                                 | **                                    |                   | = .              |            | X\$ 9=             |                              | OR       | X\$18=                     |                        |  |
|   | Independent                                    |   | Minus                                 | ***                                   |                   | =                |            | X43=               |                              |          | X86=                       | ·                      |  |
| 1   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |                                       |                                       |                   |                  |            |                    |                              | OR       | ∧00=                       |                        |  |
| * If the entry in column 1 is less than the entry in column 2 write "0" in column 2   |  |   |                                       |                                       |                   |                  |            |                    |                              | OR       | +290=                      |                        |  |
| ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." |  |   |                                       |                                       |                   |                  |            |                    |                              | OR A     | TOTAL<br>DDIT. FEE         |                        |  |
| Ti  | he "Highest Num                                | ber Previously Paid                       | For" (Total or                        | Independent                           | ) is the f        | ighest number f  | found      | l in the ap        | propriate box                |          |                            |                        |  |